

SDNY CJA 23 (Rev. 3/20)		FINANCIAL AFFIDAVIT	
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE			
IN THE UNITED STATES <input checked="" type="checkbox"/> DISTRICT COURT <input type="checkbox"/> COURT OF APPEALS <input type="checkbox"/> OTHER (Specify below)		LOCATION NUMBER	
IN THE CASE OF U.S.A. v. CRISLER		FOR SDNY AT WP	
PERSON REPRESENTED (Show your full name) JARRETT CRISLER, JR.		1 <input checked="" type="checkbox"/> Defendant - Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Supervised Release Violator 5 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other (Specify)	
CHARGE/OFFENSE (describe if applicable & check box ->) <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor 18 USC 922 (a)(1)(A)		DOCKET NUMBERS Magistrate Judge District Court Court of Appeals	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY																						
INCOME & ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment? 04/2020 How much did you earn per month? \$ 2,800.00																				
	OTHER INCOME	If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your spouse earn per month? \$ _____ If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____ Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">RECEIVED</td> <td style="width: 50%; text-align: center;">SOURCES</td> </tr> <tr> <td>IF YES, give the amount received and identify the sources</td> <td>UNEMPLOYMENT BENEFIT PER MONTH</td> </tr> <tr> <td>\$ 1,100.00</td> <td>FOOD STAMPS VALUE PER MONTH</td> </tr> <tr> <td>\$ 100.00</td> <td></td> </tr> <tr> <td>\$</td> <td></td> </tr> </table>		RECEIVED	SOURCES	IF YES, give the amount received and identify the sources	UNEMPLOYMENT BENEFIT PER MONTH	\$ 1,100.00	FOOD STAMPS VALUE PER MONTH	\$ 100.00		\$										
	RECEIVED	SOURCES																				
	IF YES, give the amount received and identify the sources	UNEMPLOYMENT BENEFIT PER MONTH																				
	\$ 1,100.00	FOOD STAMPS VALUE PER MONTH																				
\$ 100.00																						
\$																						
CASH	Do you have any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, total amount? \$ 500.00																					
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">VALUE</td> <td style="width: 50%; text-align: center;">DESCRIPTION</td> </tr> <tr> <td>IF YES, give value and description for each</td> <td></td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td></td> </tr> </table>		VALUE	DESCRIPTION	IF YES, give value and description for each		\$		\$		\$		\$									
VALUE	DESCRIPTION																					
IF YES, give value and description for each																						
\$																						
\$																						
\$																						
\$																						
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated or Divorced Total No. of Dependents: 4 List persons you actually support and your relationship to them: JAYCEON - 3 YRS OLD JESSIAH - 2 YRS OLD JEREMI - 1 YR OLD SELF																				
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">DESCRIPTION</th> <th style="width: 20%;">TOTAL DEBT</th> <th style="width: 20%;">MONTHLY PAYMENT</th> <th style="width: 20%;"></th> </tr> <tr> <td>RENT</td> <td>\$</td> <td>\$</td> <td>500.00</td> </tr> <tr> <td>AUTO LEASE</td> <td>\$</td> <td>\$</td> <td>450.00</td> </tr> <tr> <td>UTILITIES</td> <td>\$</td> <td>\$</td> <td>250.00</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> <td></td> </tr> </table>		DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT		RENT	\$	\$	500.00	AUTO LEASE	\$	\$	450.00	UTILITIES	\$	\$	250.00		\$	\$
DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT																				
RENT	\$	\$	500.00																			
AUTO LEASE	\$	\$	450.00																			
UTILITIES	\$	\$	250.00																			
	\$	\$																				

I certify under penalty of perjury that the foregoing is true and correct.

/s/ Jarrett Crisler, Jr. by JCM with permission

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)
DOMENICK J. PORCO
 FD/CJA/RET. ATTORNEY (PRINT)
SHIVA H. LOGARAJAH
 ASSISTANT UNITED STATES ATTORNEY (PRINT)

☒ APPROVED ☐ DENIED

SIGNATURE OF JUDICIAL OFFICER
Judith C. McCarthy
 SIGNATURE OF JUDICIAL OFFICER

12/11/2020
Date

12/11/2020
DATE